

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

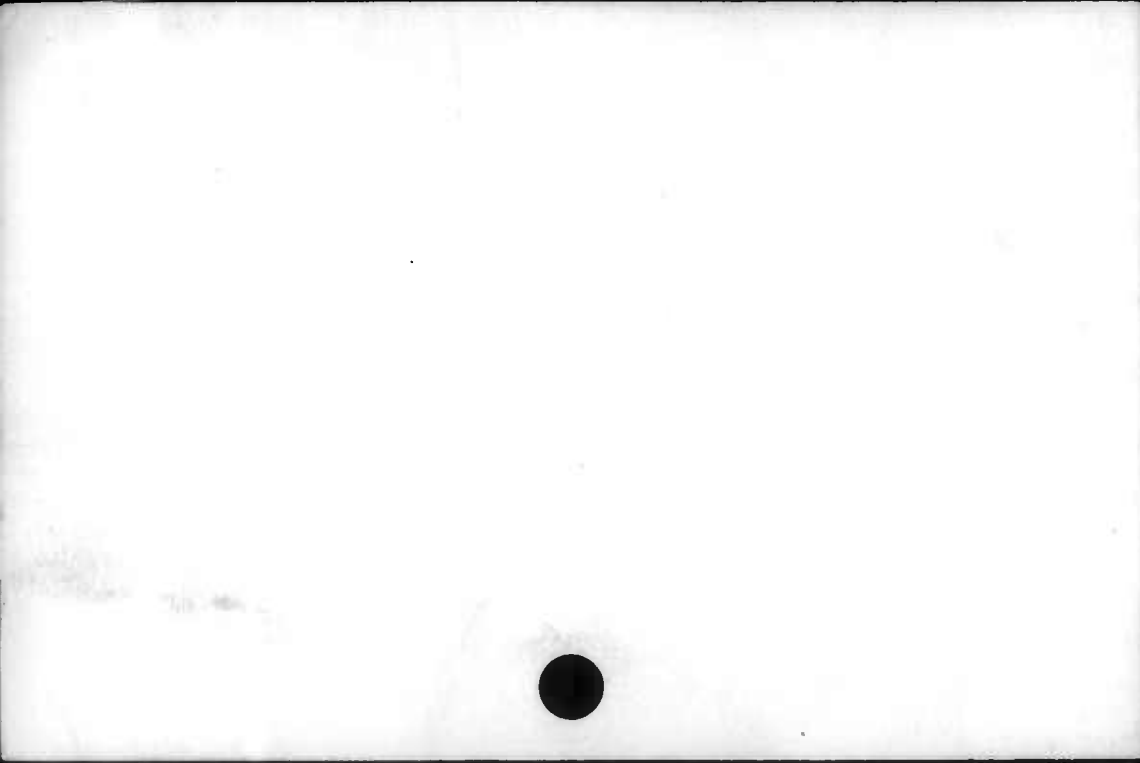
Name <i>Jonah Adams</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>East Riverdale</i>		Town <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death 190 <i>9</i>	Month <i>June</i>	Day <i>7</i>	Age <i>5-3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Alice Adams</i>				
Father's Name <i>Josiah Adams</i>	Father's Birthplace <i>Montg Co. Md</i>				
Mother's Maiden Name <i>Elizabeth Adams</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Kirk Adams</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>4 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. T. Willis</i>
Address <i>Hyattsville Md</i>	
Accident or Suicide <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Presley Earnest Ashby-

Town

County

MARYLAND

Died at

Maryland Park

Prince George

Date

Month

Day

Years

Months

Days

of death

1909

June

13

Age

—

6

7

Sex

male

Color or
Race

white -

Birth-
place

Hask. N.C.

Occupation

child

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

R. H. Ashby

Father's
Birthplace

Va.

Mother's
Maiden Name

Lucy E. Holmes

Mother's
Birthplace

Hask. N.C.

Name of person giving
In formation

R. H. Ashby -

How related
to deceased

father

Enterocolitis:

CAUSES OF DEATH

105

Primary

Acute Bacterial Infection

How long

2 dys

Immediate

syncope

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

G. M. Brady
Kensilworth, D. C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mildred Bando

CERTIFICATE OF DEATH

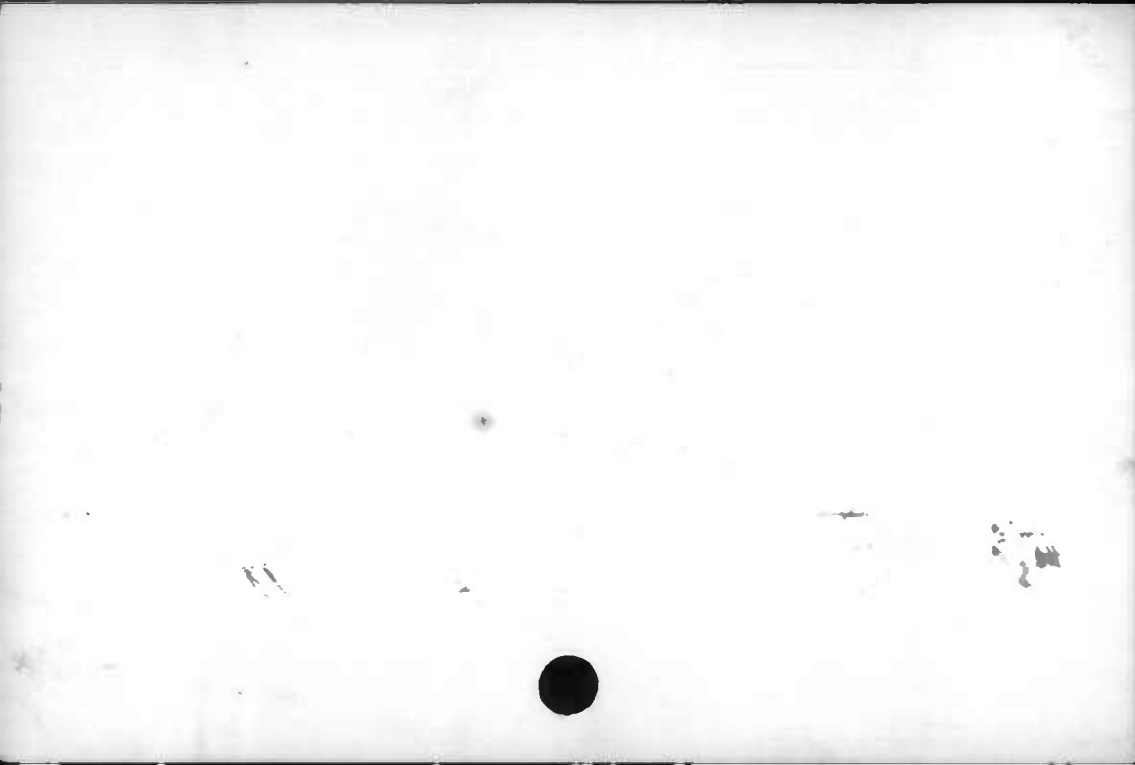
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Columpton		Prince Geo Co		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1909 June	21	Age	68	6			
Sex	Color or Race	Birth-place					
Female	Negro	Columpton					
Occupation	Where Residing if not at place of death						
Servant	Columpton						
Married, Single or Widowed	Name of Wife or Husband						
Widow							
Father's Name	Father's Birthplace						
A. L. Cannon	Near Columpton						
Mother's Maiden Name	Mother's Birthplace						
Did not know							
Name of person giving Information	How related to deceased						
Jennie Cannon	Daughter						

CAUSES OF DEATH

Primary	How long
Emphysema	
Immediate	How long
Emphysema	6 mos
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	R. L. Mulliken
	Address
	Columpton Md
Accident or Suicide	

OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

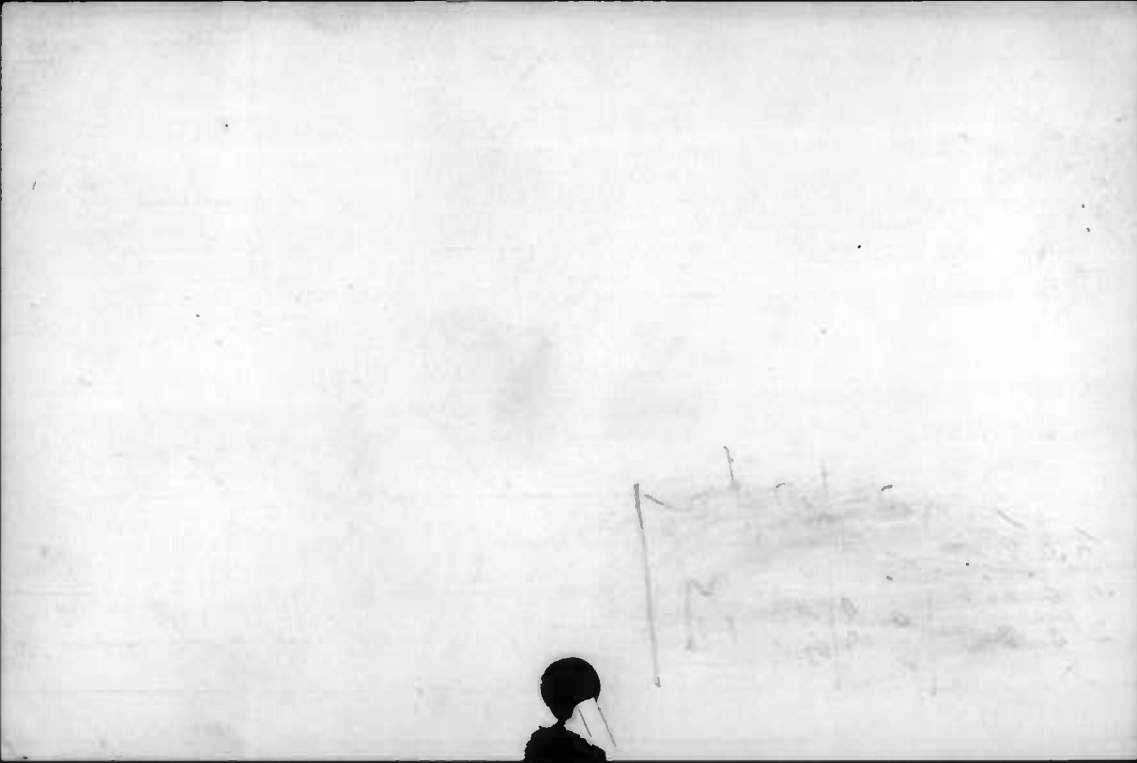
Name in Full <i>Joseph L. Barnes</i>		Town <i>Lanier</i>		County <i>P. 5th</i>		MARYLAND	
Died at <i>Lanier</i>		Date of death <i>1909</i>		Month <i>June</i>		Day <i>22nd</i>	
Age <i>65</i>		Years <i>65</i>		Months <i>2</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>S. C.</i>			
Occupation <i>Stone Mason</i>		Where Residing if not at place of death <i>Lanier</i>					
Married, Single or Widowed <i>Yes</i>		Name of Wife or Husband <i>Mary E. Barnes</i>					
Father's Name <i>Joseph Barnes</i>		Father's Birthplace <i>S. C.</i>					
Mother's Maiden Name <i>Elizabeth Holland</i>		Mother's Birthplace <i>S. C.</i>					
Name of person giving information <i>Mary E. Barnes</i>		How related to deceased <i>inf</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Hypertrophy</i>	How long <i>6 mo</i>
Immediate <i>Valvular Insufficiency</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Hunt</i>
	Address <i>Lanier</i>
Accident or Suicide?	<i>did</i>



Name
in
Full

Thelma M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i>		County <i>Pr</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>June</i>	Day <i>23</i>	Age <i>-</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Harry W. Brown</i>	Father's Birthplace <i>P. O. Co. Md</i>				
Mother's Maiden Name <i>Gilbert</i>	Mother's Birthplace <i>Nash - NC</i>				
Name of person giving information <i>H. W. Brown</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 wk</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Gilbert</i>
<i>Yes</i>	Address <i>Upper Marlboro Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James M. Bryce

Died at

Int. Rainier

County

Prince Georges

MARYLAND

Date

of death 1909

Month

6

Day

18

Years

63

Age

Months

10

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Washington D.C.

Occupation

Bris. Cayan

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Alice Wallingsford

Father's
Name

James A. Bryce

Father's
Birthplace

Fairfax Co. Va.

Mother's
Maiden Name

Julia A. Colison

Mother's
Birthplace

Ind.

Name of person giving
Information

James Bryce

How related
to deceased

Son

CAUSES OF DEATH

79 v

Primary

Mital Incompetency

How long

2 years

Immediate

Pulmonary Oedema

How long

1 hr.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Kelly M.D.

Address

Int. Rainier Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER

6

gushy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Dorothea Wesley Brigman* Town *Mt. Rainier* County *Prince Georges* MARYLAND

Died at *Mt. Rainier* Month *June* Day *19th* Age *3* Months *10* Days *19*

Date of death *1909 June 19th*

Sex *female* Color or Race *white* Birth-place *Mt. Rainier Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Robert W. Brigman* Father's Birthplace *N. Carolina*

Mother's Maiden Name *Annie H. Newman* Mother's Birthplace *Maryland*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

18 ✓

PHYSICIAN
OR CORONER

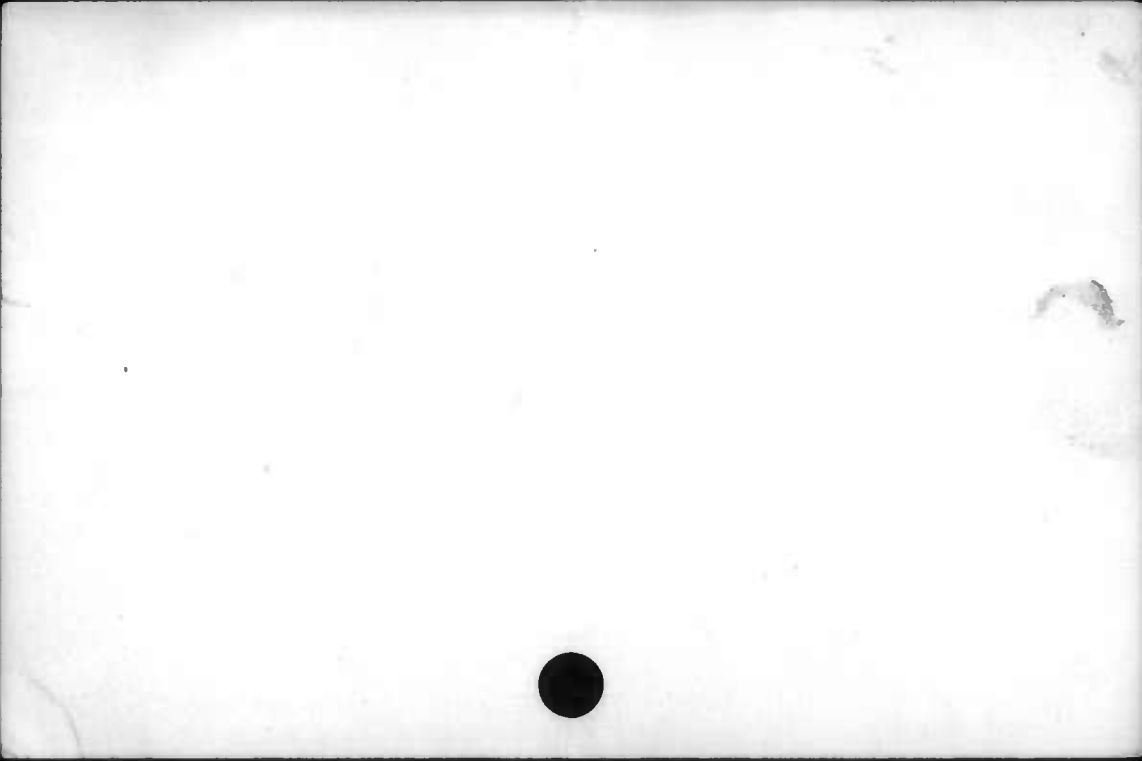
Primary *Erysipelas orbital cellulitis,* How long *about 3 days*

Immediate *penetrating to the brain* How long _____

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *John F. Keenan M.D.* Address *Brentwood Md.*

Accident or Suicide _____



Name in Full		Joseph Clarence Carver				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mount Rainier	County Pr. Geo	MARYLAND	
		Date of death 1909		Month June	Day 26	Age	Years 5 1/2
		Sex male		Color or Race white		Birth-place D.C.	
		Married, Single or Widowed —		Occupation —			
		Name of Wife or Husband —					
		Father's Name Castley C. Carver			Father's Birthplace Indiana		
		Mother's Maiden Name Dora Eppin			Mother's Birthplace Michigan		
		Name of person giving information "			How related to deceased mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Internal Convulsions			How long 2 Hours		
		Immediate Exhaustion			How long —		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J. C. Ohlendorf, M.D.		
					Address Brentwood, Md.		
		Accident or Suicide?					

Roberts

Name
in
Full

CERTIFICATE OF DEATH

Eliane I Chaney

Town

County

MARYLAND

Died at

Forestville

W. Esco

Date

of death

1909

Month

June

Day

25

Age

Years

Months

6

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Franklin G. Chaney

Father's
Birthplace

Wash. D.C.

Mother's
Maiden Name

Gertrude Millburn

Mother's
Birthplace

Md.

Name of person giving
Information

George Fowler

How related
to deceased

None

CAUSES OF DEATH

179

Primary

Myocardium

How long

2 mo.

Immediate

Collapse

How long

1 wk.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

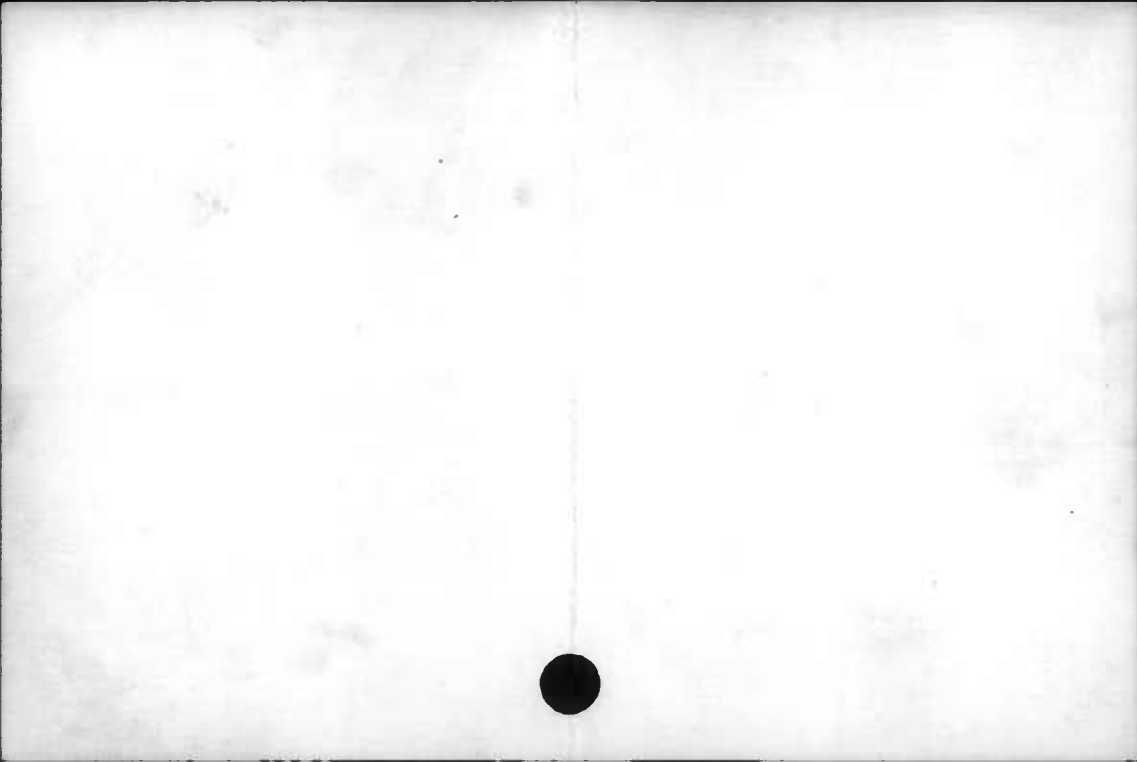
John E. Sanborn
Forestville, Md.

Accident or Suicide

Neither

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Arthur Coale

Died at *Upper Marlboro*

Town

P. G.

County

MARYLAND

Date
of death 1909

Month 6

Day 17

Age

Years

Months 5

Days

Sex

*Male*Color or
Race*white*Birth-
place*md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Samuel Gardner Coale*Father's
Birthplace*P. G. Co md*Mother's
Maiden Name*Sarah Josephine Socomey*Mother's
Birthplace*P. G. Co md*Name of person giving
Information*Samuel G. Coale*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

5 days

Immediate

Exhaustion with general toxemia

How long

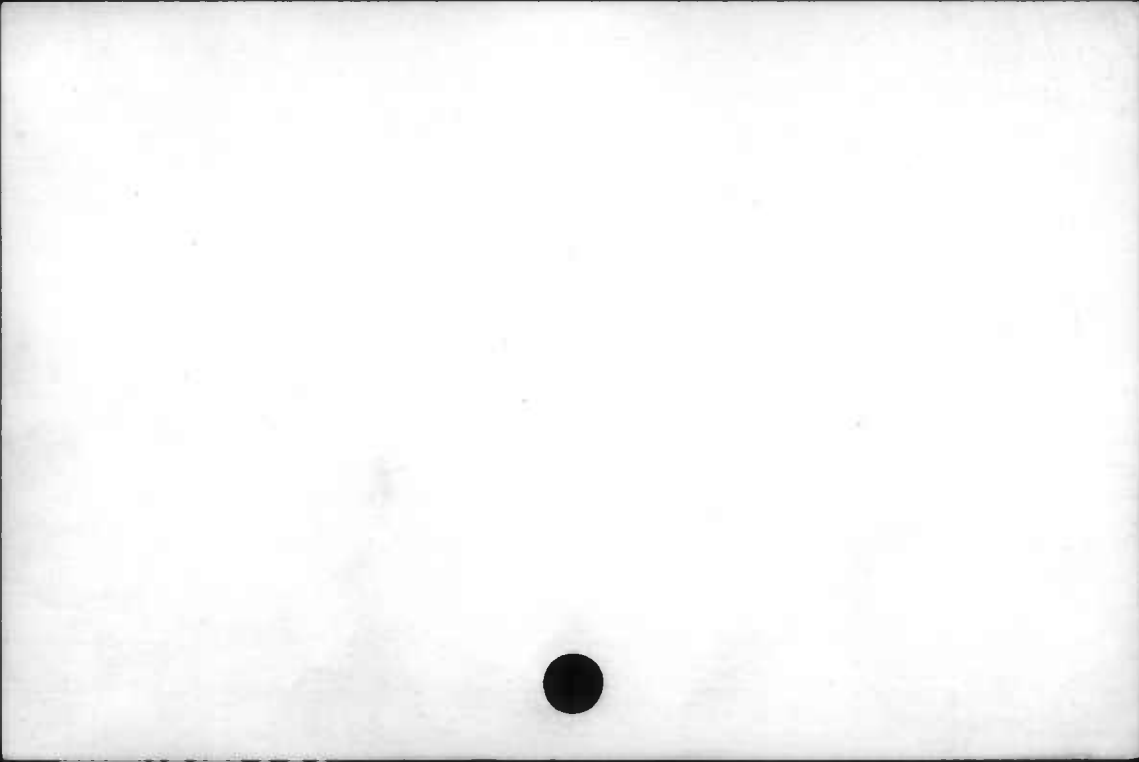
*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Reverdy S. Sacco*

Address

Upper Marlboro md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

George L. Hleval

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	28	Age	—	4	
Sex		Color or Race		Birth-place		—	
Male		Black		Crown Sta		—	
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Father's Birthplace				—	
Charles Hleval		P.G. Md				—	
Mother's Maiden Name		Mother's Birthplace				—	
Beck		" "				—	
Name of person giving Information		How related to deceased				—	
Chas Hleval		Father				—	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long	
Cholera Infantis		Don't know	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		Dr. Griffith	
Address		—	
Saw Child Day Out		Upper Marlboro,	
Accident or Suicide		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cheltenham* Town *Dr 94* County

Date of death 1909 June 12 Age 77

Montha Days

Sex *male* Color or Race *white* Birth-place *va*Occupation *Carpenter* Where Residing if not at place of deathMarried, Single or Widowed *widower* Name of Wife or Husband *unknown*Father's Name *Benjamin Ellis* Father's Birthplace *va*Mother's Maiden Name *Elizabeth Butler* Mother's BirthplaceName of person giving Information *George Ellis* How related to deceased *son*

CAUSES OF DEATH

Primary *Sudden - suppose heart* How long *1 1/2 hours*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



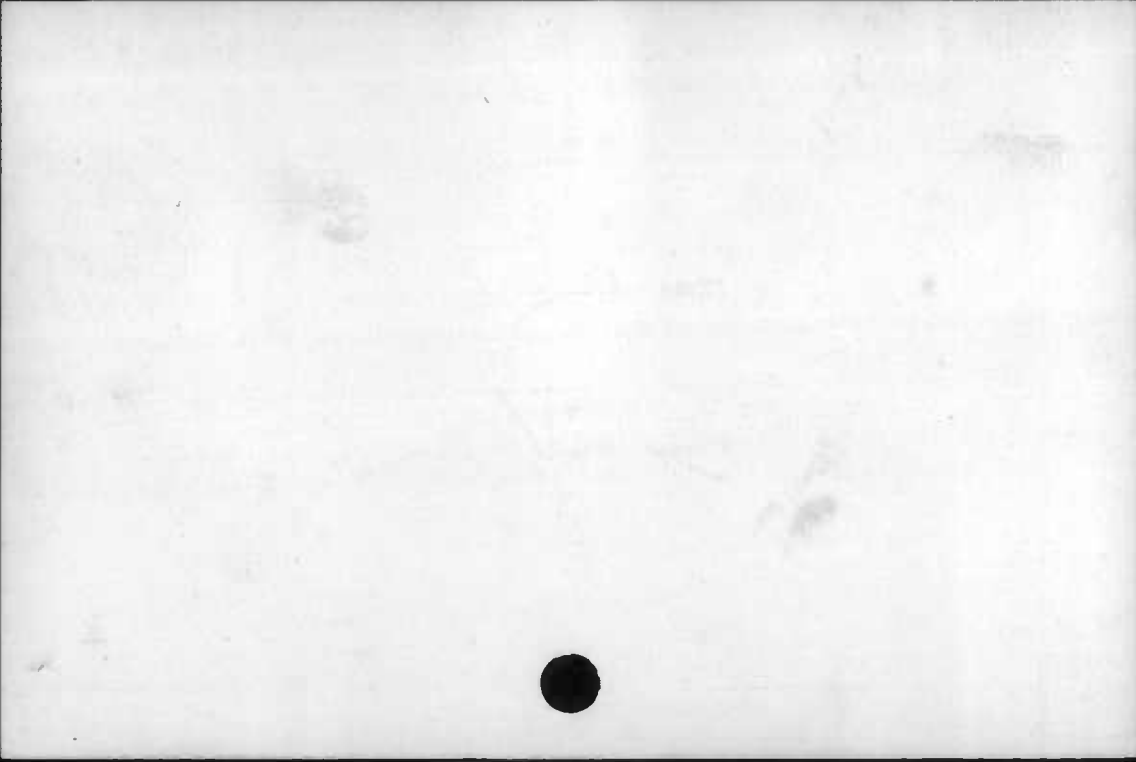
Name in Full		Certificate of Death			
Charles J. Feuerstein		Town		County	
Died at <i>Near Bladensburg</i>		<i>Prince George</i>		MARYLAND	
Date of death		Month	Day	Years	Months
1909 June 26				Age 58	Days
Sex		Color or Race		Birth-place	
Male		White		Germany	
Occupation		Where Residing if not at place of death			
Farmer		don't know			
Married, Single or Widowed		Name of Wife or Husband			
Married		don't know			
Father's Name		Father's Birthplace			
August Feuerstein		Germany			
Mother's Maiden Name		Mother's Birthplace			
Marie Gobelge		Germany			
Name of person giving information		How related to deceased			
John Feuerstein		Brother			
CAUSES OF DEATH					
166					
Primary		How long			
Removal Artery severed by being					
Immediate		How long			
loss of blood / but by low					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Augustus H. Dahler, J. P.			
		Address			
		Acting Coroner			
Accident or Suicide?		Bladensburg Md			
Accident					

Mary Mason

July 8th 1908.

12 dys
natural causes

Name in Full		Margaret J. Fowler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairmount Heights		Prince George's County		MARYLAND		
	Date of death	90	9	June	12	Age	2	
	Sex	female		Color or Race	white		Birth-place	P. A. C. Md.
	Occupation	nurse		Where Residing if not at place of death				
	Married, Single or Widowed	single		Name of Wife or Husband				
	Father's Name	Samuel E. Fowler				Father's Birthplace	Pa. A.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Julia				Mother's Birthplace	England	
	Name of person giving information	John Fowler				How related to deceased	Mother	
	CAUSES OF DEATH						151	
	Primary	margamus				How long	1 mo	
Immediate	asthma				How long	2 hrs -		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. M. Brady		
				Address		Kensington, D. C.		
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

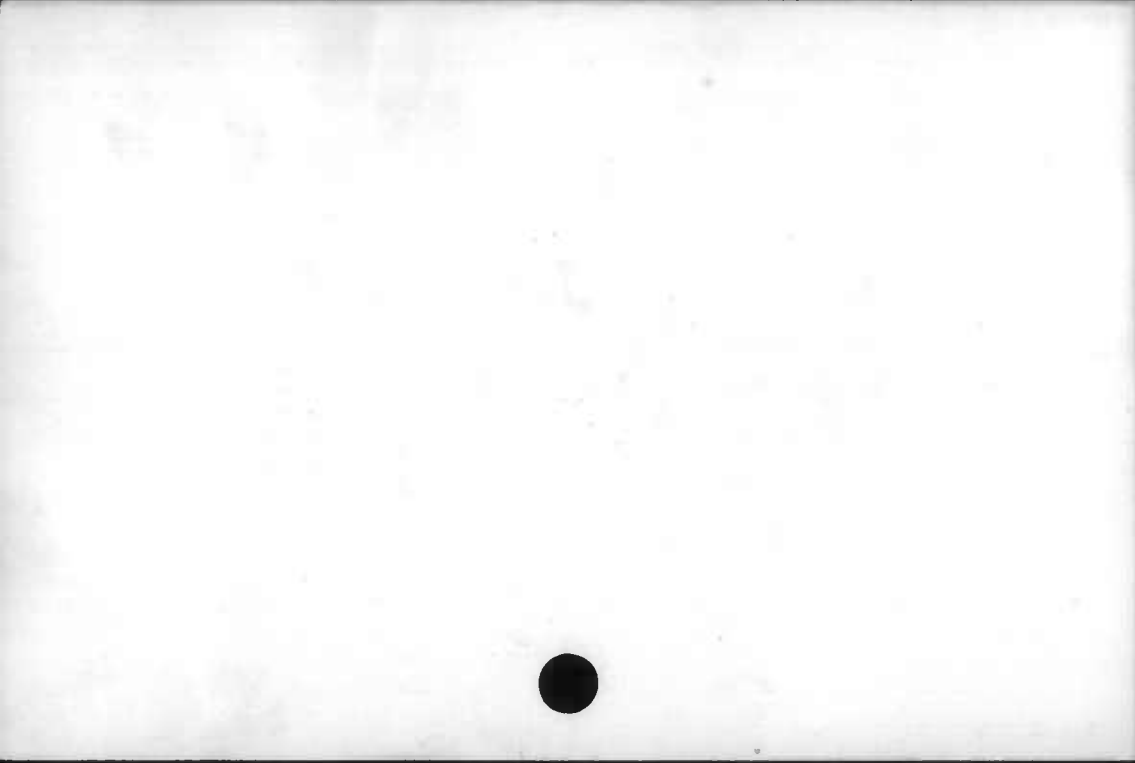
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Worcester Grey</i>		Town <i>Worcester</i>		County <i>R. Geo.</i>		MARYLAND	
Died at <i>Worcester</i>		Month <i>June</i>		Day <i>27</i>		Age <i>—</i>	
Date of death 190 <i>9</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Boy</i>		Color or Race <i>Colored</i>		Birthplace <i>Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. R. Grey</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Ellen King</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Geo R. Grey</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long <i>—</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Morton Bowen</i>	
		Address <i>Aguares Ind</i>	
Accident or Suicide			



Name
in
Full

Charles Joseph Hall

CERTIFICATE OF DEATH

MARYLAND

Died at Chatterham

P. G. County

Date of death 1909 June

Month

Day

Age

Years

Month

Days

Sex

Male

Color or
Race

White

Birth-
place

9 md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Robert Lee Hall

Father's
Birthplace

md

Mother's
Maiden Name

Alice E Campbell

Mother's
Birthplace

md

Name of person giving
Information

Robert Lee Hall

How related
to deceased

father

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

3 weeks

Immediate

Complications

How long

6 hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

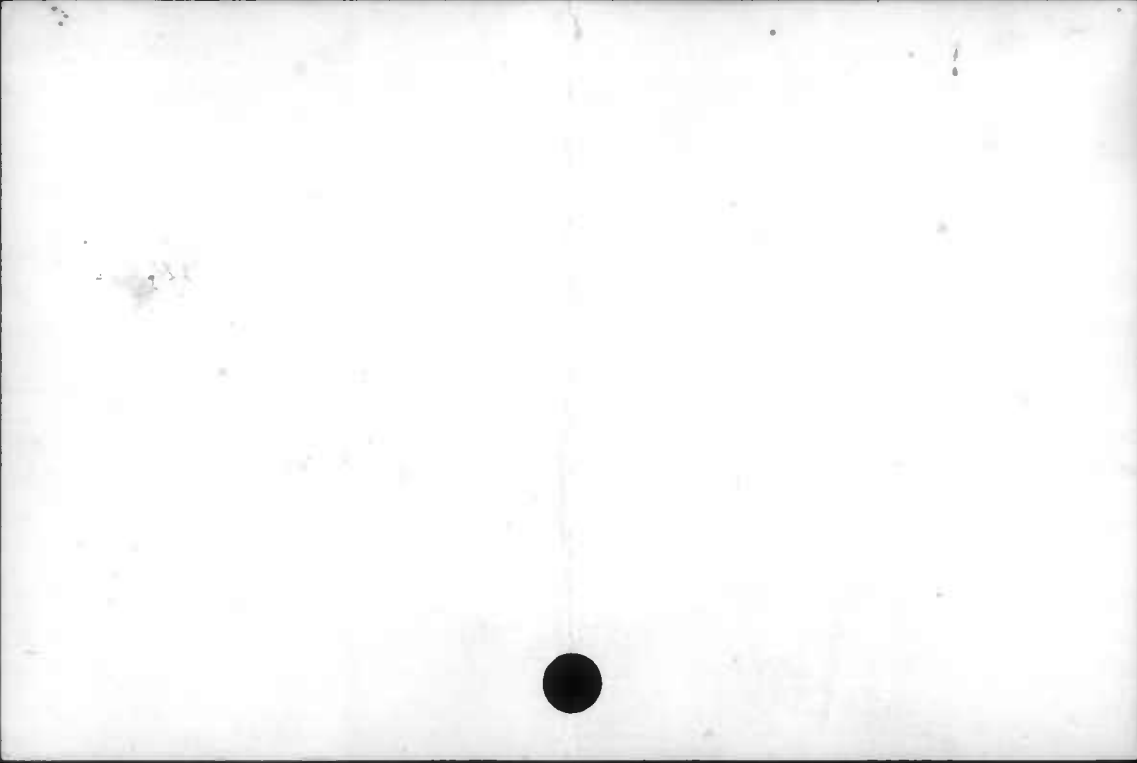
W. H. Gibbons

Croom md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

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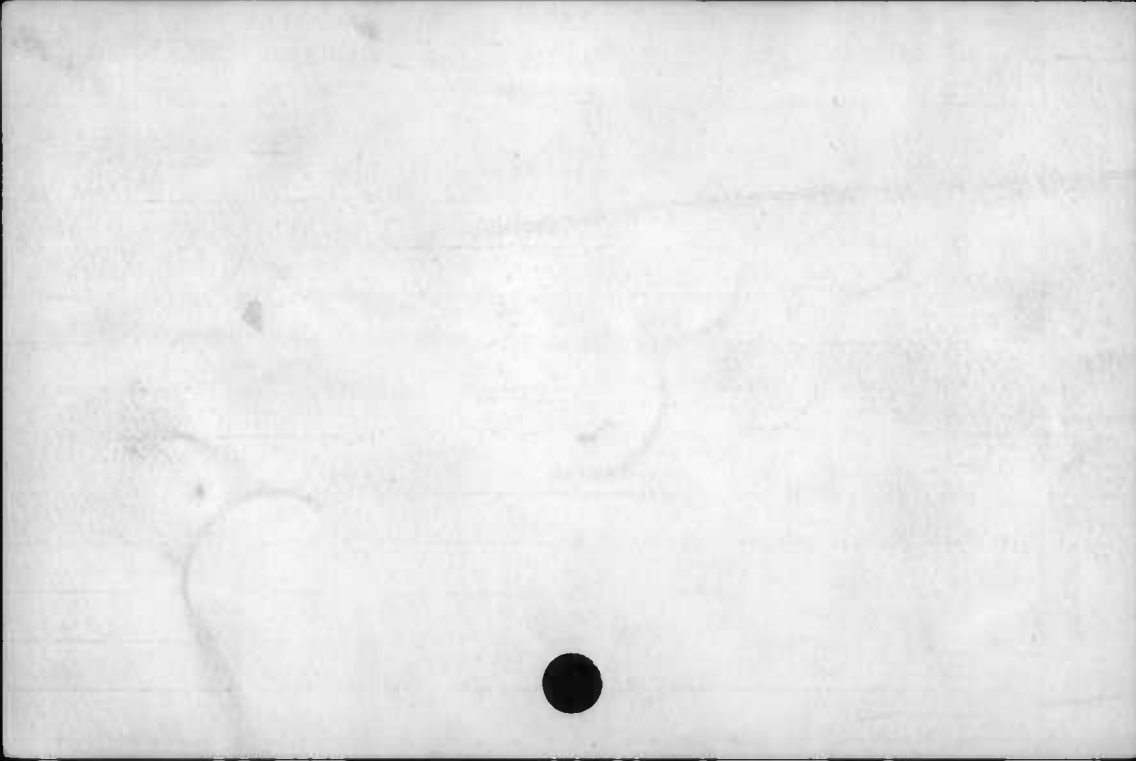
Died at <i>Glendale</i> <small>Town</small>		<i>P. G.</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>June</i> <small>Month</small>	<i>4</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>P. G. Co. Ind.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Amelia Ellen Harvey</i>				
Father's Name <i>William O. Harvey</i>	Father's Birthplace <i>Prince Geo Co. Md.</i>				
Mother's Maiden Name <i>Louise Beans</i>	Mother's Birthplace <i>Prince Geo. Md.</i>				
Name of person giving information <i>Florence V. Harvey</i>	How related to deceased <i>Grand daughter</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Infectious - Nephritis with Cardiac Complications</i>	How long? <i>Several months</i>
Immediate <i>of Phlegm</i>	How long? <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Small M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *May J. Harrison* Town *Richmonds* County *P.G.*

Died at *Richmonds* P.G.

Date of death *1909 June 25* Age *73* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birthplace *Ind*

Occupation *house* Where Residing if not at place of death *house in care.*

~~Married, Single~~ or Widowed Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Ind*

Mother's Maiden Name *—* Mother's Birthplace *Ind*

Name of person giving Information *Louise Stephenson* How related to deceased *Son*

CAUSES OF DEATH

66 ✓

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *3 weeks*

Immediate *Heart failure* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. L. Waring*

Address *Clinton*

Accident or Suicide



Name
in
Full

Thomas Herbert

CERTIFICATE OF DEATH

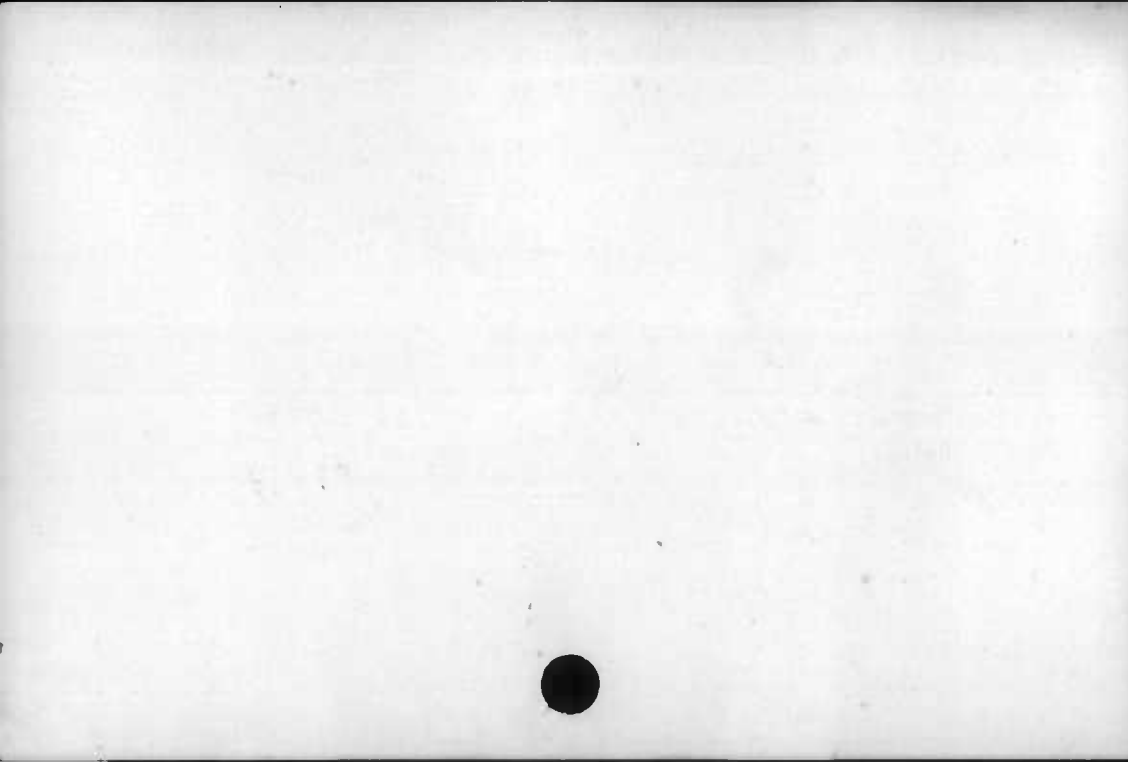
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro Jail</i>		Town <i>Prince George's</i>		County <i>Prince George's</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>7th</i>		Age <i>about 55</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Not Known</i>		Months <i>—</i>	
Occupation <i>Pauper</i>		Where Residing if not at place of death <i>Not Known</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Not Known</i>		Name of Wife or Husband <i>Not Known</i>		Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>	
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>None</i>		Name of person giving information <i>H.M. Gore, Warden</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>179</i>
Immediate	<i>Cardiac Exhaustion</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Alfred Pichler, M.D.</i>	
		Address <i>acting coroner Upper Marlboro, Md</i>	
Accident or Suicide?			



Name
in
Full

No 8
CERTIFICATE OF DEATH

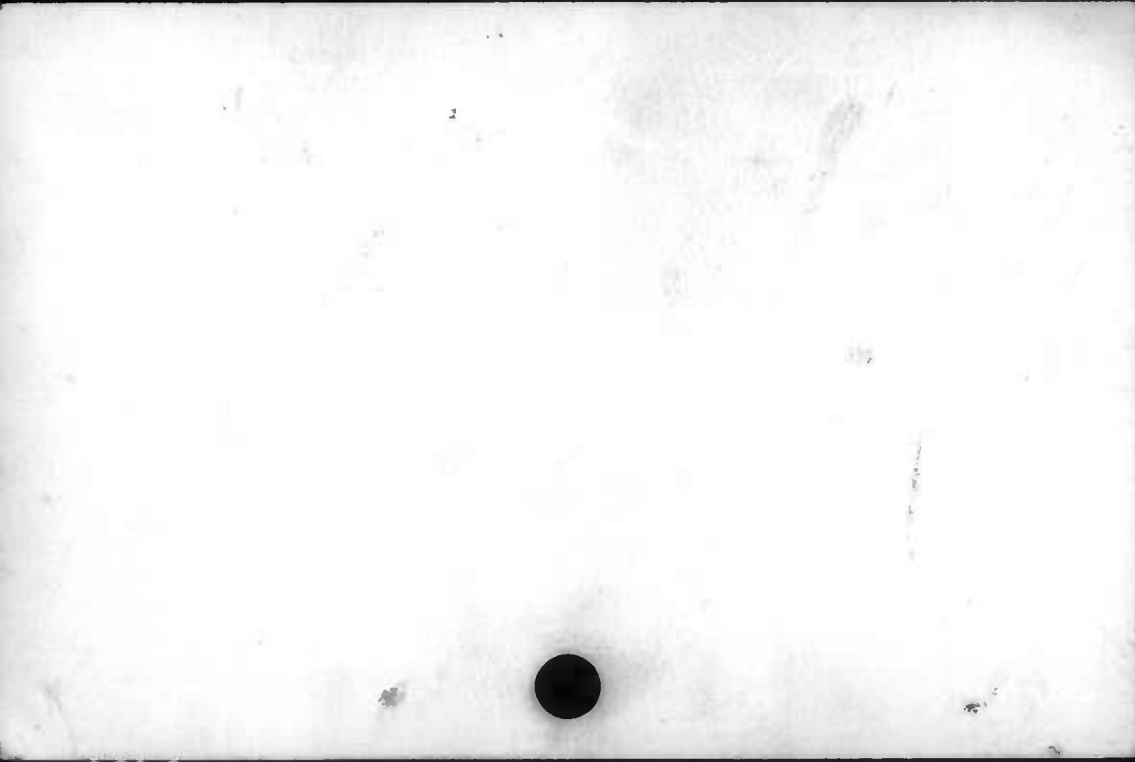
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	19	Age	65		
Sex	Female	Color or Race	Black	Birth-place	Md		
Occupation	Washwoman			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband William Hickman			
Father's Name	John Scott			Father's Birthplace Don't know			
Mother's Maiden Name	Don't know			Mother's Birthplace " "			
Name of person giving Information	Maria Chase			How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	6 mo.
Immediata	asthenia	How long	1 week.
Are the name, age, sex, color, data and plea correctly given above?	yes	Signature of Physician	J. M. Brady
		Address	Kendlivorth Rd. C.
Accident or Suicide			



Name
in
Full

Maria Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

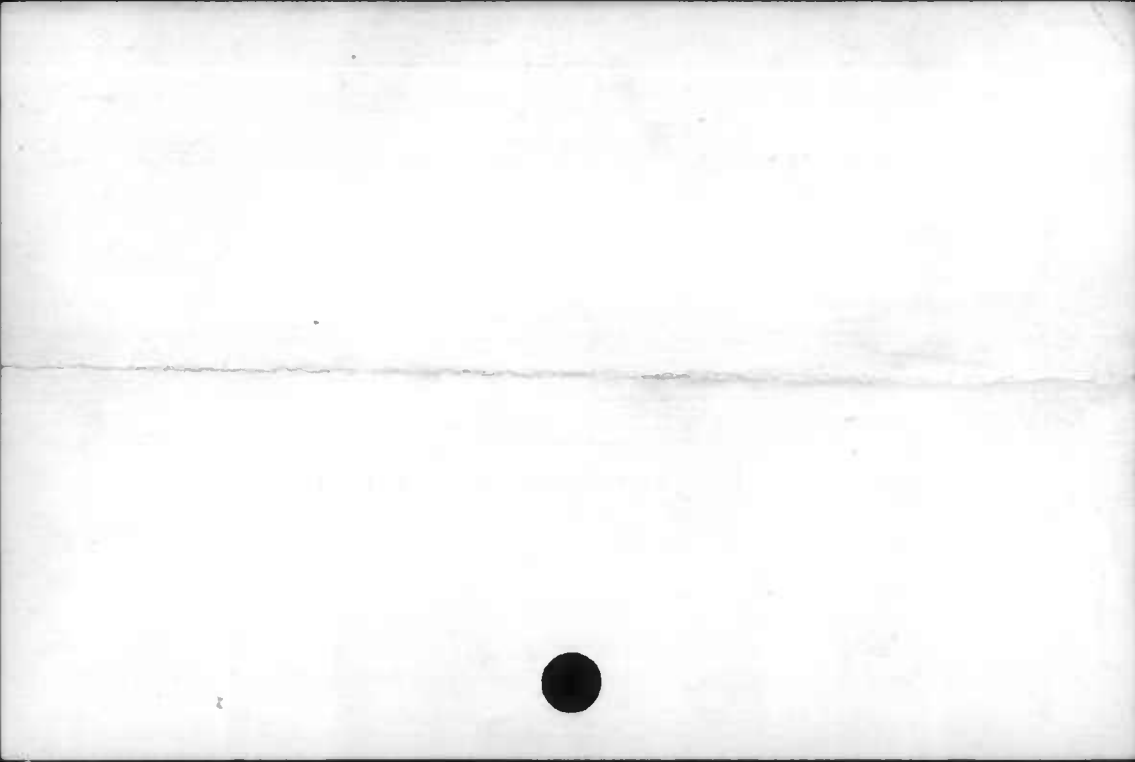
Died at <i>Collington</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death	Month <i>June</i>	Day <i>30</i>	Age <i>82</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth place <i>Collington</i>		
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Near Collington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Tom Johnson</i>				
Father's Name <i>Jerry Harrison</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Phoebe Bowin</i>	Mother's Birthplace <i>4 4</i>				
Name of person giving Information <i>Tom Johnson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

169 ✓

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>3 days</i>
Immediate <i>Exposure Heat</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Mullikin</i>
	Address <i>Collington Md</i>
Accident or Suicide	<i>Acting Coroner</i>



Name
in
Full

Eliza Jones

CERTIFICATE OF DEATH

Died at <u>Chesapeake</u> ^{Town}		<u>W. 22</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>June</u> ^{Day} <u>14</u> ^{Years} <u>80</u> ^{Months} <u>—</u> ^{Days} <u>—</u>		Age			
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John Jones</u>				
Father's Name <u>Abraham Blockett</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Cynthia Blockett</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Henry R. Harkins</u>	How related to deceased <u>Wife</u>				

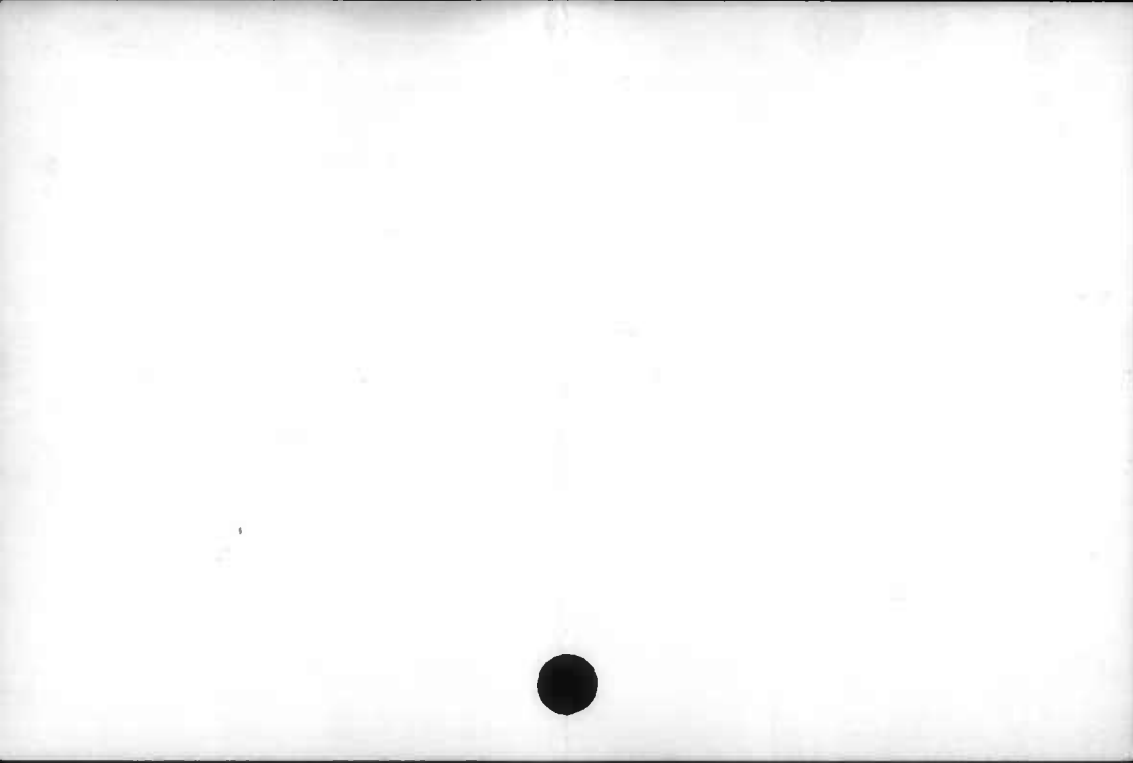
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

66 ✓

Primary <u>Ald. Age.</u>	How long <u>1</u>
Immediate <u>Paralysis</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John C. Sausbury</u>
	Address <u>Four Street, W.</u>
Accident or Suicide <u>neither</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Nichial Jones

No 7
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		near Glendale ^{Law} Prince Georges ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	14
Age		38	Years	Months	Days
Sex	masculine	Color or Race	Colored	Birth-place	Maryland
Occupation	former		Where Residing if not at place of death		
Married, Single or Widowed		married			
Name of Wife or Husband		Martha Jones			
Father's Name	Richard Jones			Father's Birthplace	Maryland
Mother's Maiden Name	Georgiana Jones			Mother's Birthplace	St Marys County
Name of person giving information	Georgiana Jones			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	One year
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

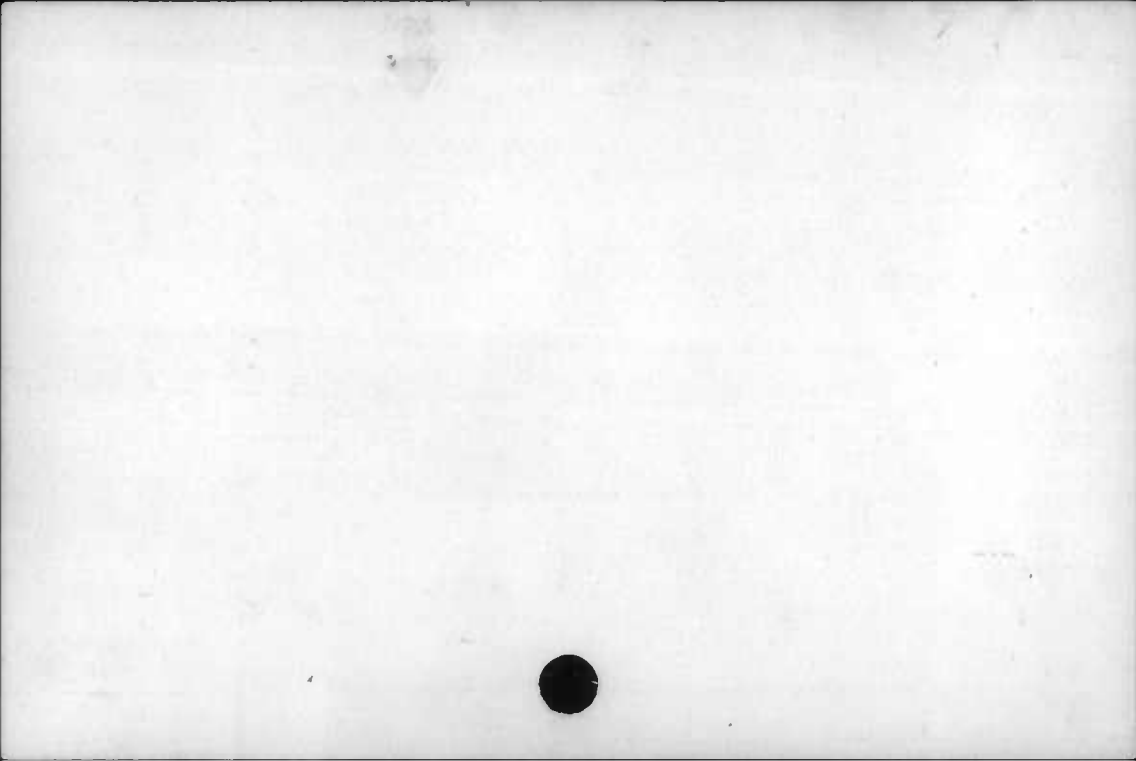
Signature of Physician

Robert B. Biloff, D.P.

Address

Glendale Md

Accident or Suicide?



Name
in
Full

Sallie E Lancaster

CERTIFICATE OF DEATH

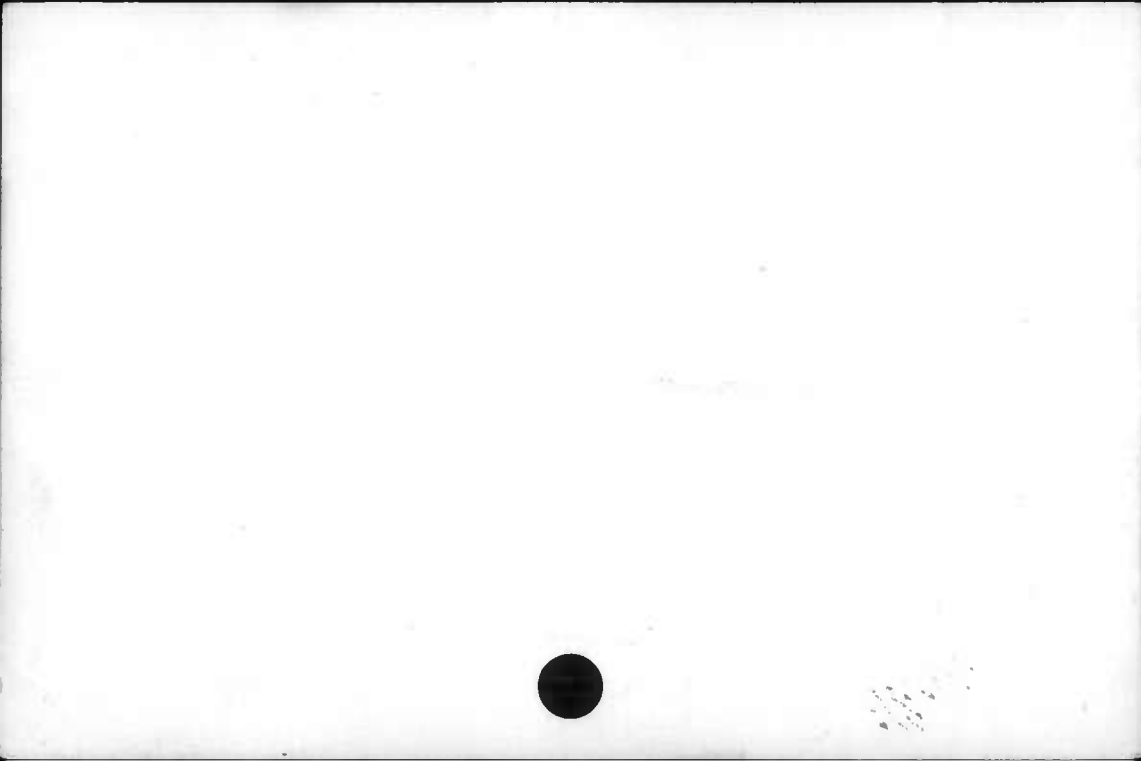
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mt Ranier* ^{County} *Prince Geo* **MARYLAND**
 Date of death 190 ^{Month} *9* ^{Day} *June* ^{Years} *2* Age *66* ^{Months} *0* ^{Days} *0*
 Sex *Female* Color or Race *White* Birth-place *Va.*
 Occupation *None* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Thomas C Lancaster* Father's Birthplace *Va*
 Mother's Maiden Name *Julia Thomlinson* Mother's Birthplace *NC.*
 Name of person giving Information *S Anna Lancaster* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Endocarditis* How long *Several years*
 Immediate *Paralysis* How long *one day.*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *H. T. Willis* Address *Hyattsville Md*
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

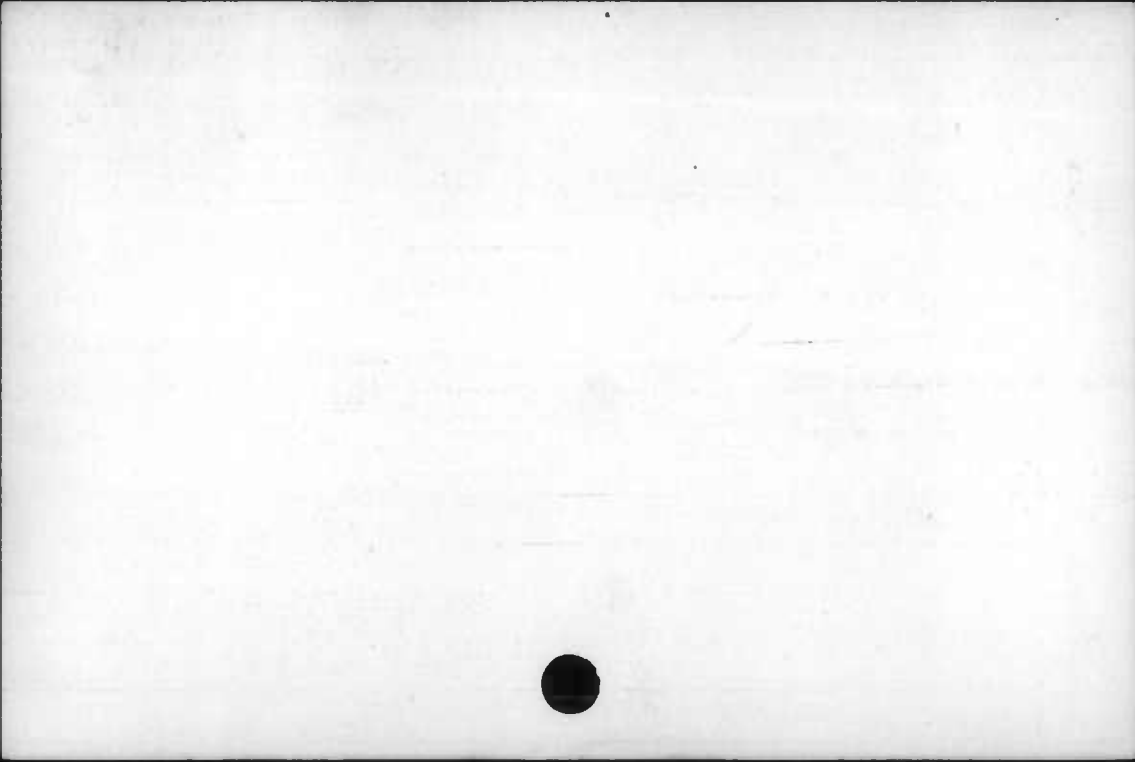
Died at <i>Calhoun</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>7</i>	Age <i>71</i>	Months - Days -
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Washington D. C.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Prof. Leachman</i>				
Father's Name <i>James Stewart</i>	Father's Birthplace <i>P. G. Co. Md.</i>			Mother's Birthplace <i>P. G. Co. Md.</i>	
Mother's Maiden Name <i>Editha Bray</i>	Name of person giving information <i>Prof. Leachman</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Acute Degeneration</i>	How long <i>4 hours long</i>
Immediate <i>Asphyxia</i>	How long -
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. Marshall M.D.</i>
	Address <i>Wingfield</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

Laurence Lewis

CERTIFICATE OF DEATH

Town

County

Died at

Annamade

Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 February

7

Age

56

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

at Annamade

Married, Single
or WidowedName of Wife or
Husband

Emma L Lewis

Father's
Name

Jonathan Lewis

Father's
Birthplace

Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
information

John D. Hoagkin

How related
to deceased

Son in Law

CAUSES OF DEATH

62

Primary

Locomotion Max

How long

15 years

Immediate

Waiting away + Deblow

How long

about six months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C. A. Fox

Address

C. A. Fox

Yes

Accident or Suicide?

Brewer Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

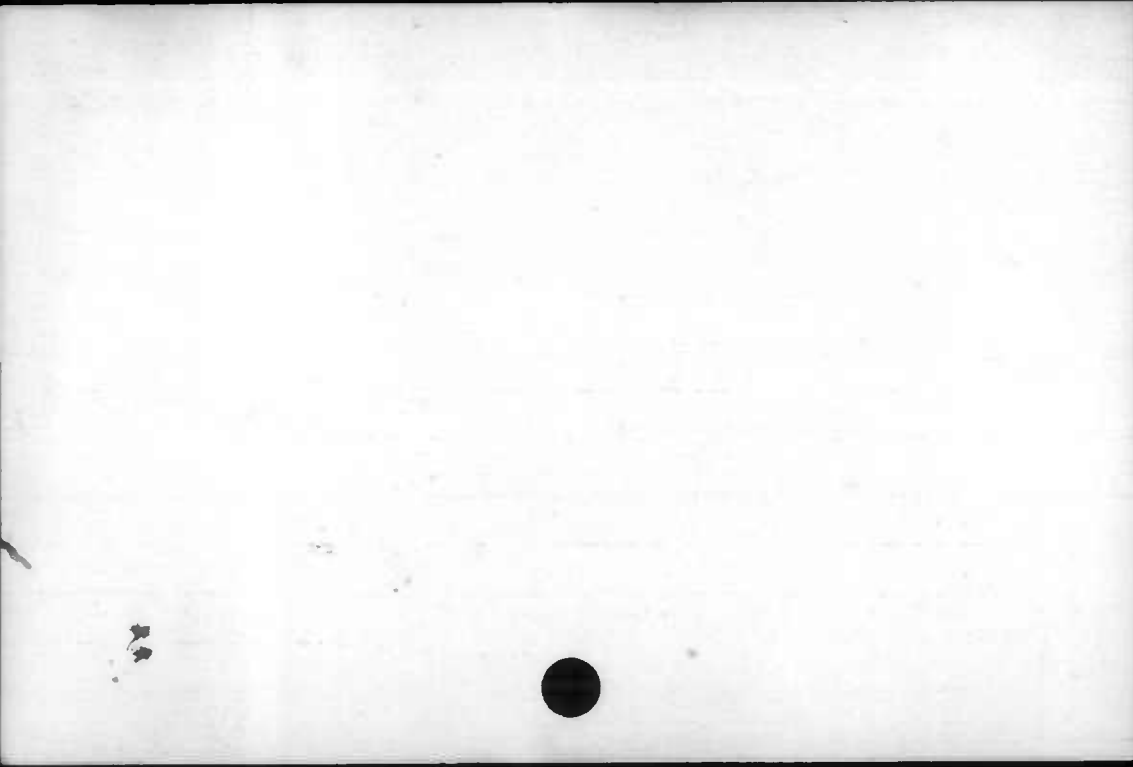
Died at <u>Hyattsville</u> Town		<u>Prince George Co.</u> County		MARYLAND	
Date of death	1909	Month	June	Day	3
Age	68	Years		Months	
Sex	female	Color or Race	white	Birthplace	Baltimore Md.
Occupation			Where Residing if not at place of death	Hyattsville	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Mc Donald		Father's Birthplace	Ireland	
Mother's Maiden Name	Sarah Till		Mother's Birthplace	Md.	
Name of person giving information	Howard Gambrell		How related to deceased	Brother in law	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	5 day
Immediate	Meningitis	How long	5 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Hyattsville	
Accident or Suicide?			



Name
in
Full

Margerie Frances McFadden

no 9
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

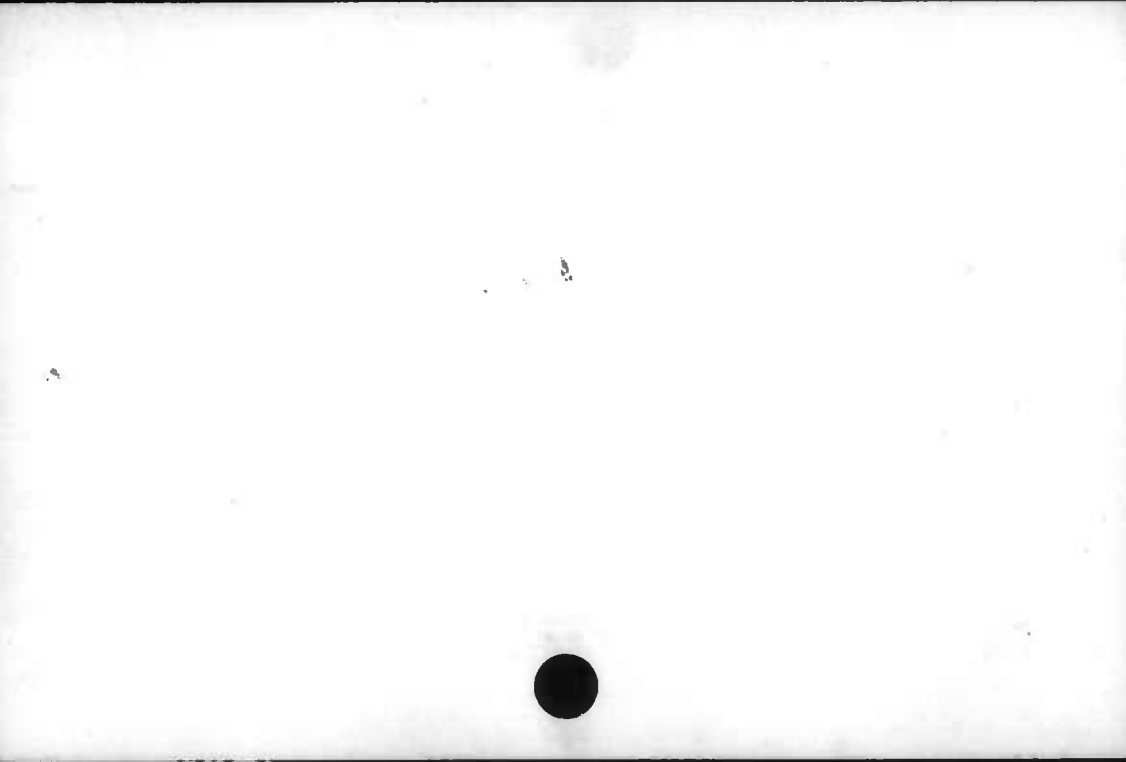
Died at ^{Town} ~~Hyattsville~~ ^{Leesbrook} ^{County} Prince George MARYLAND
Date of death 1909 June 25 Age 5 Months Days
Sex Female Color or Race white Birth-place Baltimore Md
Occupation none Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband

Father's Name Walter W. McFadden Father's Birthplace Baltim Md
Mother's Maiden Name Nora Cunningham Mother's Birthplace " "
Name of person giving Information Walter W. McFadden How related to deceased Father
(189)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Natural Cause How long five days
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Accident or Suicide
Signature of Physician Augustus H. Dabiler
Address Acting Coroner J.P.
Bladensburg Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Mary ^{McLaughlin} Laughlin
Town Leesburg County W.C., D.C.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

June

Day

22nd

Age

Years

72

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

W.C.

Occupation

house

Where Residing if not
at place of death

W.C.

Married, Single
or Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

W.C.

Mother's
Maiden Name

W.C.

Mother's
Birthplace

W.C.

Name of person giving
Information

J. Armstrong

How related
to deceased

house

CAUSES OF DEATH

Primary

Paralysis

How long

(66)

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. L. Waring
Leesburg

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry Newton*
 Died at *Woodsboro* Town *Pr* County *Es*
 Maryland
 Date of death 1909 *6* Month *30* Day *11* Years *10* Months *10* Days
 Sex *Male* Color or Race *Colored* Birth-place *D.C.*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Albert Newton* Father's Birthplace *Md*
 Mother's Maiden Name *Sadie L. Hutton* Mother's Birthplace *Md*
 Name of person giving Information *Albert Newton* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Gastro Enteritis* How long *105* *3 days*
 Immediate *Convulsion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. P. Simpson
Rosecroft Md.

Accident or Suicide



Name
in
Full

Hester Margareth Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol Heights</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month} <i>June</i> ^{Day} <i>13</i>	Age	<i>1</i> ^{Years}	<i>8</i> ^{Months}	<i></i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>W</i>	Birth-place	
Occupation	<i>None</i>		Where Residing if not at place of death		
Married Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Bradshaw Oliver</i>		Father's Birthplace	<i>Va</i>	
Mother's Maiden Name	<i>Mary E.</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving Information	<i>Bradshaw Oliver</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Immediate	<i>collapse</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. A. R. Mackenzie</i>
		Address	<i>Capitol Heights Md.</i>
Accident or Suicide	<i>Neither</i>		

Num of UnderTaker & burial ground not given

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *not-baptized Parker*
Town *Clinton* County *P. G.*

MARYLAND

Died at *Clinton* Month *June* Day *21st* Age *2 days* Months *Years* Days

Date of death *1909 June 21st* Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *_____*

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband *_____*

Father's Name *William Parker* Father's Birthplace *Va*

Mother's Maiden Name *_____* Mother's Birthplace *Va*

Name of person giving Information *Wilee, Parker* How related to deceased *Father*

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary *Prolonged labor, as related by*

Immediate *Midwife - Fannie Shorter*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John L. Waring*
Address *Clinton*

Accident or Suicide



Name in Full		Leo. Francis Perry				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Upper Marlboro		P. G.		MARYLAND				
	Date of death	1909	Month 6	Day 3	Age 6	Months	Days			
	Sex	Male		Color or Race	Black		Birth-place	P. G. Co Md		
	Occupation	None			Where Residing if not at place of death					
	Married, Single	Single			Name of Wife or Husband					
	Father's Name	Stephen Perry				Father's Birthplace	P. G. Co Md			
PHYSICIAN OR CORONER	Mother's Maiden Name	Caroline Fletcher				Mother's Birthplace	P. G. Co Md			
	Name of person giving information	Stephen Perry				How related to deceased	Father			
	CAUSES OF DEATH					(61) ✓				
PHYSICIAN OR CORONER	Primary	Meningitis				How long	4 days			
	Immediate					How long				
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Reverdy Saeas			
	Address					Upper Marlboro - 11				
Accident or Suicide?						14/9				

131



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Maryvart Roth*
Town *College Park* County *R. Geo*

Died at *College Park*
Date of death *1909* Month *June* Day *9* Age *15* Years Months Days

Sex *female* Color or Race *colored* Birth-place *R. Geo. Co. Md*

Occupation *house* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *William Roth* Father's Birthplace *R. Geo. Co. Md*

Mother's Maiden Name *Ann Burton* Mother's Birthplace *R. Geo. Co. Md*

Name of person giving Information *William Roth* How related to deceased *father*

CAUSES OF DEATH

(27)

Primary *Pneumonia* How long *5 months*

Immediate *Consumption* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

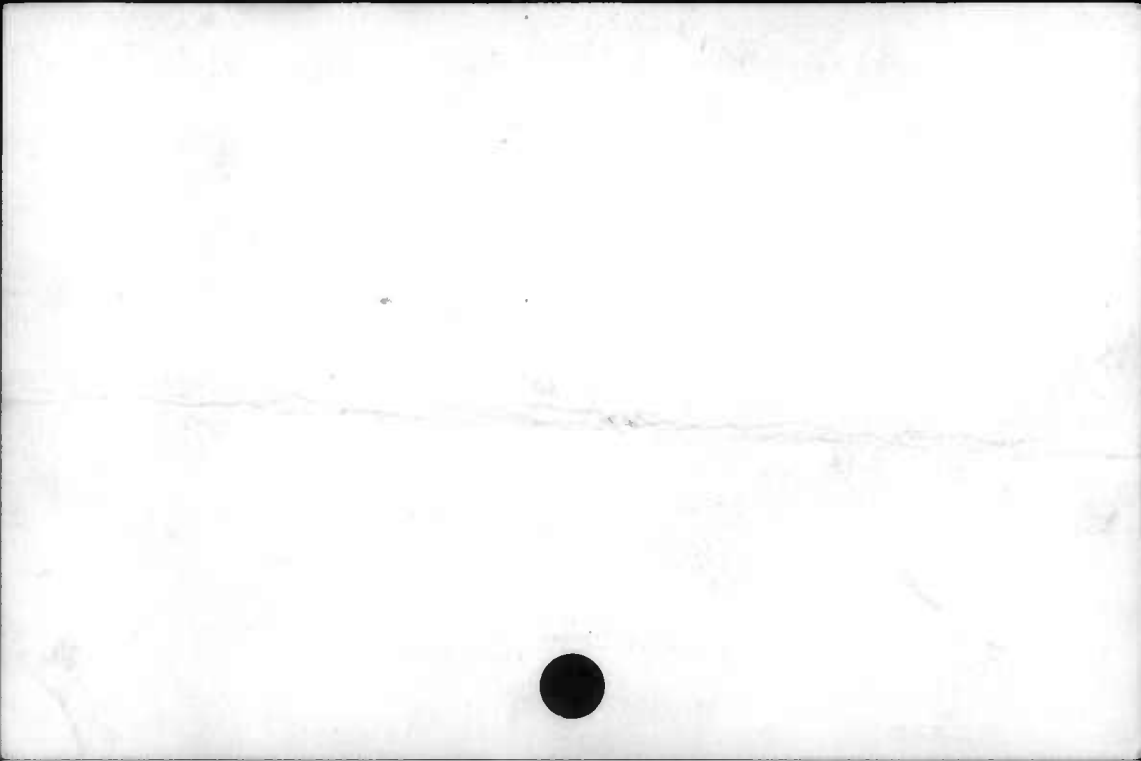
Signature of Physician

Address

H. G. Williams
Hypertension
Md.

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Laurel

Town

County

Prince Geo

MARYLAND

Date

of death

1909 June

Month

Day

9

Age

Years

42

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Bohemia

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife or~~
Husband

John Sadilek

Father's
Name

James Korosnik

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Mary

Mother's
Birthplace

Bohemia

Name of person giving
Information

John Sadilek

How related
to deceased

Husband

CAUSES OF DEATH

27

✓

Primary

Tuberculosis

How long

6 mo.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. F. Taylor M.D.
Laurel Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full *Rob't. Henry Smith* Town *Fairmount* County *P. E. Co.*

Died at *Fairmount* State *MARYLAND*

Date of death *1909* Month *June* Day *28* Age *4 Months & 3 days*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John E. Smith* Father's Birthplace *P. E. Co.*

Mother's Maiden Name *Carrie Johnson* Mother's Birthplace *P. E. Co.*

Name of person giving Information *Lewis M. Ford* How related to deceased *Great Uncle*

CAUSES OF DEATH

105

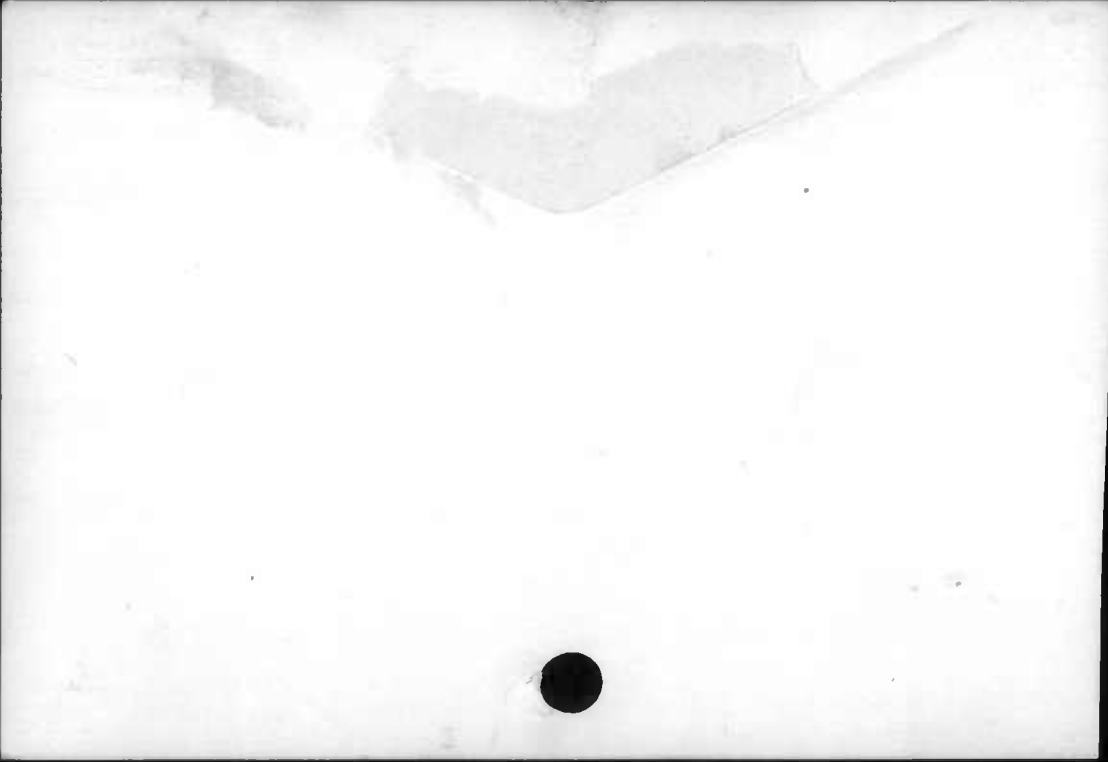
Primary *Cholera Infantum* How long *3 wks.*

Immediate *collapse* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Smith* Address *Frederick Md*

Accident or Suicide *neither*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

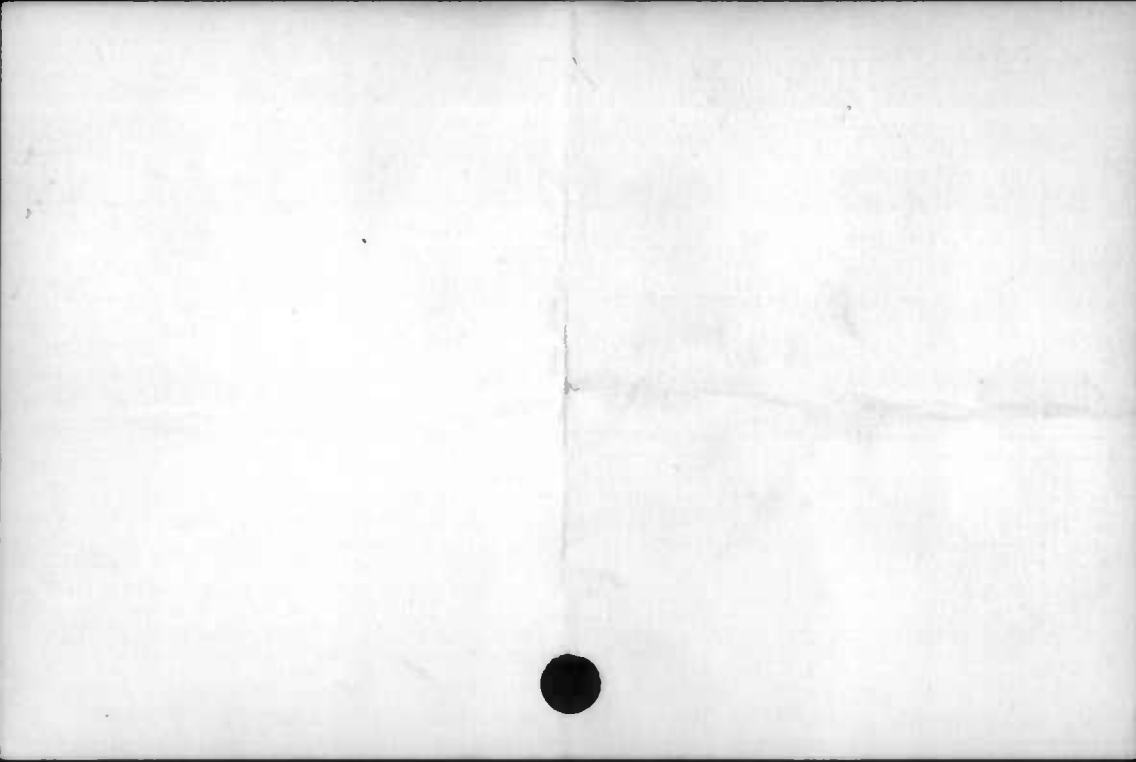
Died at <i>Seat Pleasant</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	22
Age			10	hours	
Sex	Female		Color or Race	Colored	
Occupation	None		Birth-place	Md	
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Unknown		
Father's Birthplace			Unknown		
Mother's Maiden Name			Elizabeth Ella Spriggs		
Mother's Birthplace			Md.		
Name of person giving information			Mrs. Maria Spriggs		
How related to deceased			Grandmother		

CAUSES OF DEATH

179 ✓

PHYSICIAN
OR CORONER

Primary	Unknown	How long	—
Immediate	Dyspnoea	How long	10 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	R. A. Schomora
		Address	Benning
Accident or Suicide?	No.		Ill.



Name
in
Full

Mary E. Spriggs
Marbletown P.D. County

CERTIFICATE OF DEATH

MARYLAND

Died at Marbletown

Date of death 1909 June 12

Month Day

Age 4

Months

Days

Sex Female

Color or Race Black

Birthplace P.E.G. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Wm Sprigg

Father's Birthplace P.E.G. Md

Mother's Maiden Name Nest

Mother's Birthplace P.E. Col Md

Name of person giving Information Wm Sprigg

How related to deceased Father

CAUSES OF DEATH

Primary

Chronic Fastitis

How long

2 wks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

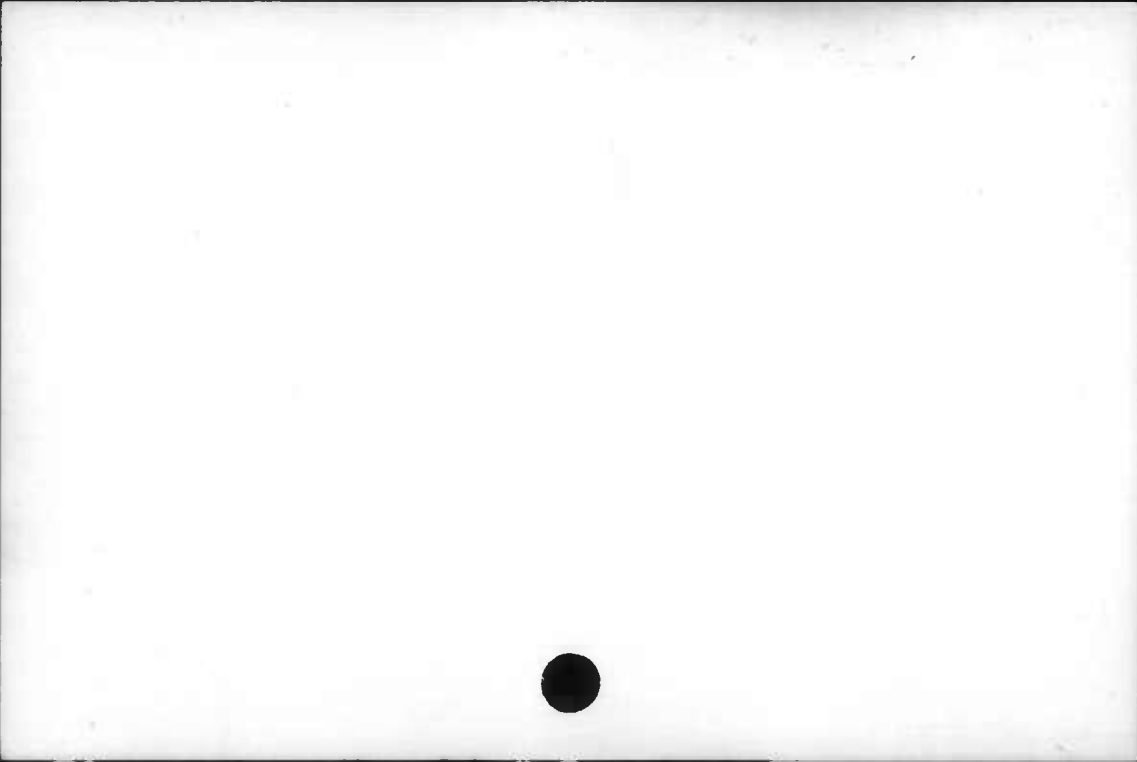
Address

Dr. Giffen
Upper Marlboro

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *House of Reformation* *Pr Geo* County
*Cheltenham md*Date
of death

1909 June 6

Age

Years

11

Months

2

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Inmate

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles Tidghman

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

unknown

Name of person giving
Information

John B Pyles

How related
to deceased

None

CAUSES OF DEATH

79

✓

Primary

Cardiac Dehydration

How long

Some time

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. H. Gibbons

Croom md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Tise* Town *Hyattsville* County *Prince George* MARYLAND
Died at
Date of death 190 *9* Month *JUNE* Day *9* Age *70* Years Months *11* Days
Sex *male* Color or Race *white* Birth-place *N.J.*
Occupation *Post master* Where Residing if not at place of death
Married, Single or Widowed *married* Name of Wife or Husband *Rachel A Tise*
Father's Name *Richard Tise* Father's Birthplace *N.J.*
Mother's Maiden Name *Jane Van Hanten* Mother's Birthplace *N.J.*
Name of person giving Information *Rachel A Tise* How related to deceased *wife*

CAUSES OF DEATH

Primary *Rheumatic Endocarditis* **(47)** How long *3 years*
Immediate *Uræmia* How long *3 days*
Are the name, age, sex, color, data and place correctly given above? ☒
Signature of Physician *Isaiah Palmer* Address *Hyattsville Md*
Accident or Suicide *Neither*

PHYSICIAN
OR CORONER



Name
in
Full

No Name Washington
County

CERTIFICATE OF DEATH

MARYLAND

Died at Cheltenham Town Ga 40
Date of death 1909 June 22 Age 7/12
Month Day Years Months Days

Sex Male Color or Race Colored Birth-place md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Henry Washington Father's Birthplace md

Mother's Maiden Name Elizabeth Pinkney Mother's Birthplace '1

Name of person giving Information Henry Washington How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. H. Gibbons

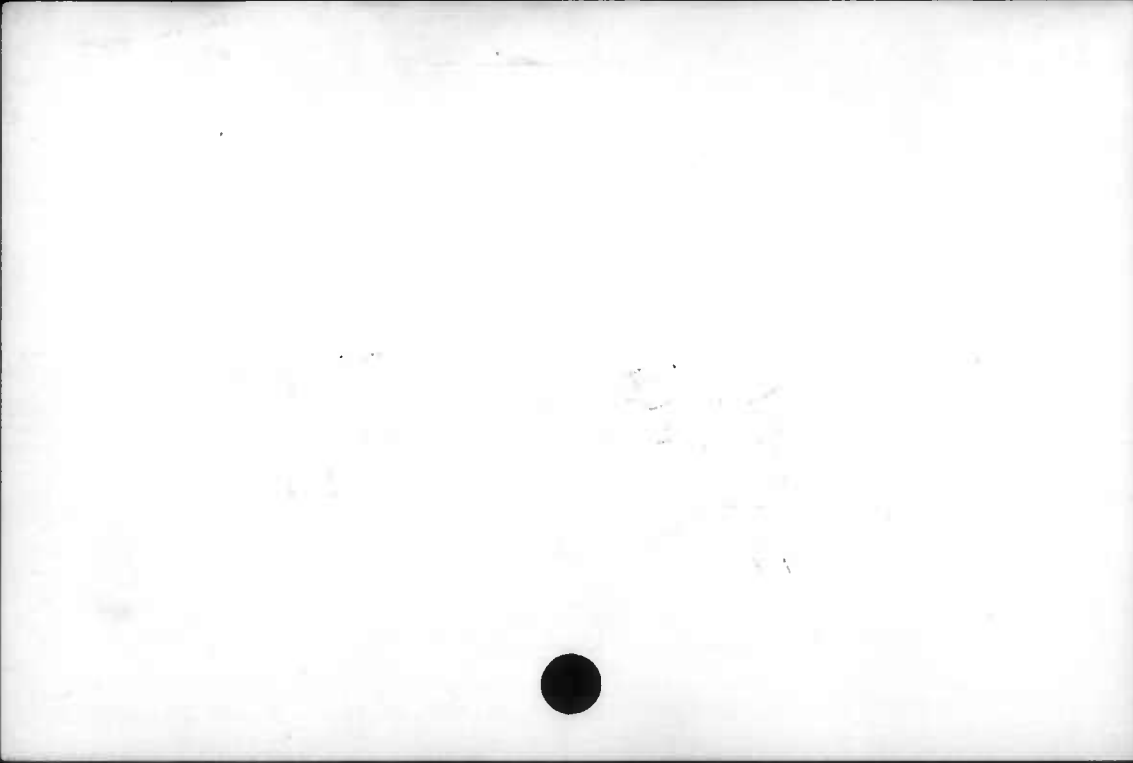
Address

Croam md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Earl Watson*

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death

*9 June**21*

Age

*16**8**4*

Sex

*Male*Color or
Race*White -*Birth-
place*Prince Ind*

Occupation

*-*Where Residing if not
at place of death*-*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*William Watson*Father's
Birthplace*Ind*Mother's
Maiden Name*Agnes E. Moran*Mother's
Birthplace*Ind*Name of person giving
In formation*C. C. Watson*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

One year

Immediate

Exhaustion

How long

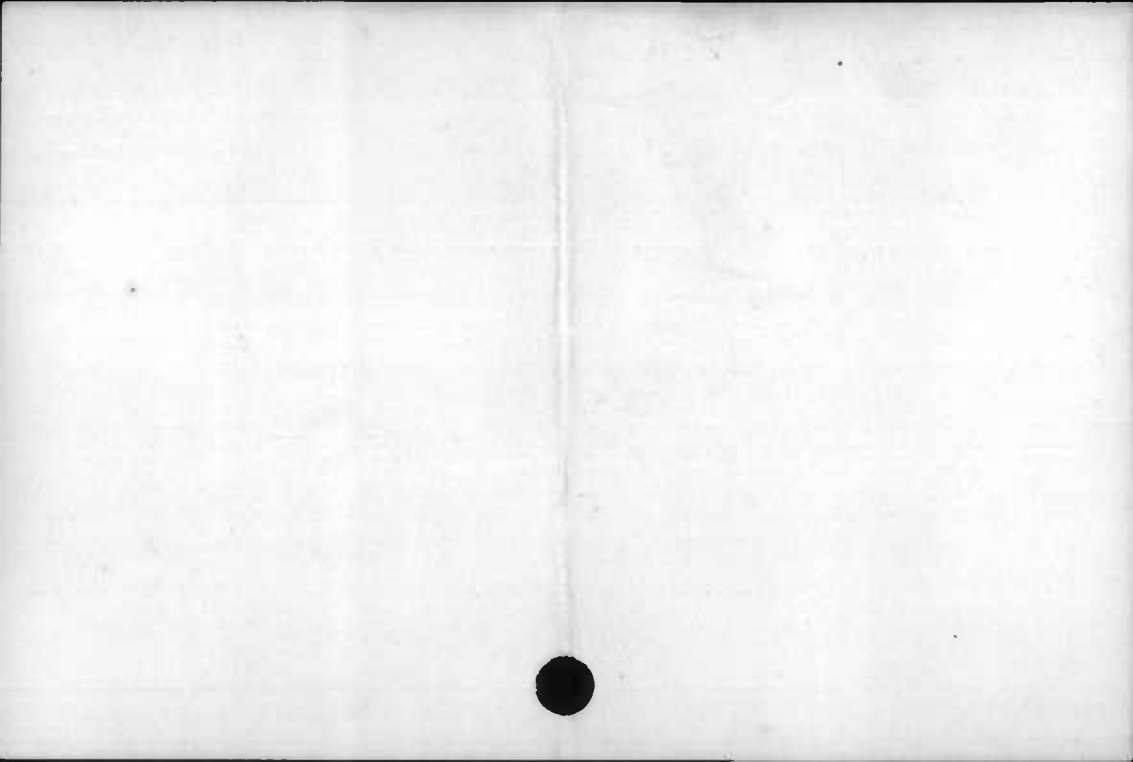
*One day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. M. ...*

Address

Aquasco

Accident or Suicide?

*No**Ind.*



Name
in
Full

CERTIFICATE OF DEATH

Thomas Wildman

Town

County

Died at

Landover

Prince Georges

MARYLAND

Date
of death

1909 June 22

Age

Years

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Thomas H. Wildman

Father's
Birthplace

Md

Mother's
Maiden Name

Fectha Shepard

Mother's
Birthplace

Md

Name of person giving
Information

Joseph Wildman

How related
to deceased

Uncle

CAUSES OF DEATH

105

Primary

Med. Colitis

How long

2 days

Immediate

Cerebrum, Toxemia

How long

10 hrs

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Harry Kelly M.D.

Address

Int. Rainier Rd.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Washington

Name
in
Full

Georgia A. Wilson

CERTIFICATE OF DEATH

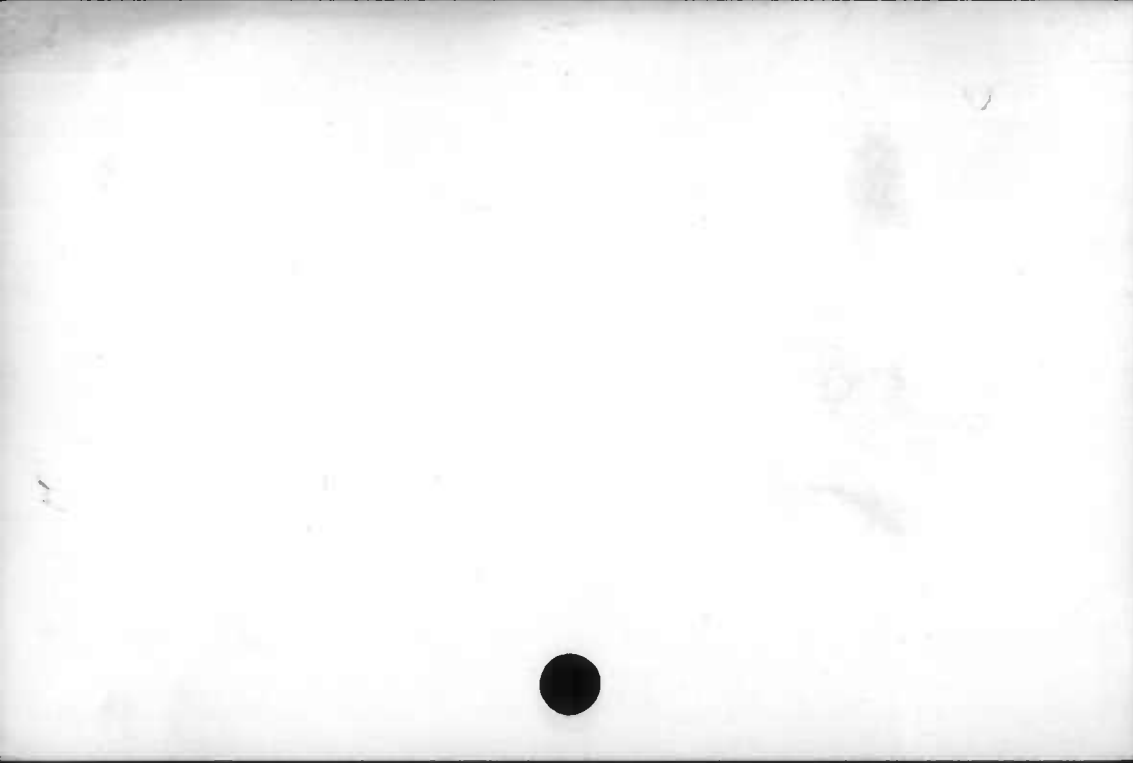
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ritchie</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	1909	Month	6	Day	7
Age	73	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Benjamin Wilson		
Father's Name	Not known		Father's Birthplace	Not known	
Mother's Maiden Name	Not known		Mother's Birthplace	" "	
Name of person giving Information	Eugene Loveless		How related to deceased	None	

CAUSES OF DEATH

Primary	Paralysis	How long	66 3 mo
Immediate	Asthma old age	How long	8 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John E. Gausbury.
		Address	Forestville, Md.
Accident or Suicide	neither		

PHYSICIAN
OR CORONER



Name
in Full

Arthur Woodward Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Rainier ^{County} Prince George MARYLAND

Date of death 1909 June 15 Age one Days 25

Sex male Color or Race white Birth-place Mt Rainier Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Arthur Woodward Father's Birthplace D.C.

Mother's Maiden Name Mabel Butler Mother's Birthplace Md

Name of person giving Information Arthur Woodward How related to deceased father

CAUSES OF DEATH

108

Primary Rupture How long since birth

Exhaustion How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Augustus H Dahler J.P.
Acting Coroner
Blacksburg Md

Accident or Suicide

PHYSICIAN
OR CORONER

